The highest number admitted in a single year was 2,748 in 1873.

At the close of 1874 the population of the asylums was 7,072, of which 4,184 were women; of this number 3,119 were treated in the Department of the Seine, and 3,953 in the other Departments.

In 1874 the majority of those admitted were between the ages of forty and fifty.

We can estimate for the year 1874 one insane person in the city of Paris for every 946 inhabitants.

The greatest number of admissions into the asylums takes place in the spring and in the month of July.

The care of the insane cost the Department of the Seine in the year 1874, 4,187,028 fr. 96 centimes, (=$837,405.73) of which 2,513,138 fr. 08 cent. (=$502,627.62) were for the hospitals specially appertaining to it, (Ste. Anne, Ville-Evrard, Vaucluse, Bicétre, la Saltpetriére.)

THE PERCEPTION OF COLORS. Dr. Landolt, *La France Médicale*, Dec. 25, calls attention to default in the perception of colors in certain nervous disorders. The general diseases in which this deficit is more especially observed are, according to him, locomotor ataxia, chronic alcoholism, and the chronic intoxication produced by the abuse of tobacco. And the state of this sensation, he says, is probably the most delicate symptom for the prognosis and diagnosis of the disease. It is in all cases more important than the ophthalmoscopic examination or that of the acuteness of vision. In fact, the visual acuteness may be good, and the ophthalmoscope may not show any very pronounced changes, while the failure of perception of red and green already predict a bad result, and warn us to be cautious in our diagnosis. On the other hand, although the acuteness of vision may suffer considerably, the diagnosis is not unfavorable while the perception of colors is retained.

Daltonism is rather rare as a congenital peculiarity. It often develops, however, in the course of nervous disorders, and in these cases it begins as dyschromatopsia.

The subject of this derangement distinguishes all colors, but the impressions they produce on his retina are not as intense as on the normal eye. While he still recognizes all the lively colors, he fails on the finer shades or on some special ones.

It is in regard to this point that M. Landolt bases his method of examination. He ascertains the minimum tint of any color added to white to enable it to be perceived by the patient, by placing sections of colored paper over white. By this method he obtains very excellent results.

Dyschromatopsia is a very common affection, either congenital or appearing in disease. In this latter case it begins generally by a defect of perception of the colors red or green. Blue and yellow are more persistent, and their perception may be nearly intact, while that of red and green is completely destroyed.

M. Landolt has also investigated the visual field of colors, and found that of blue and yellow to be much more extensive than that of red and green. The observations relative to this part of the subject were published in the *Annales de Ophthalmologie* in the year 1872.

ALTERATIONS OF THE BRAIN AND CORD IN TETANUS. The following post mortem observations are taken from a recent article by Dr. Julius Elischer, *Virchow's Archiv.* LXVI., Jan. 21, 1876, p. 61, on the alterations of the brain and spinal cord in tetanus. He reports a case in which the most careful microscopic examination was made of all parts of the central nervous system.

I. Macroscopic appearançes. Gray degeneration of the cervical and upper dorsal cord in the posterior columns, also in the lateral columns in the cervical region, loosened cavities in the thickened (at this point) dura-mater, with slight extravasations. Hyperæmia of the vessels of the cord and the basal part of the cerebrum.

II. Microscopic appearances.

1. Thickening of the ependyma of the lateral ventricles and the "*rautengrube*," distortion, together with roughened proliferation of tissue and granular cell formation, in the sub-epithelial connective tissue.

2. General hyperplasia of the connective tissue in the medullary bundles of the cerebral ganglia, in the middle cerebellar peduncle, the funiculus cuneatus, and the nerve twigs passing out from the regions of the fifth and seventh nerves, in the olivary body, and finally, in the central gray tube. Swelling of the spongy intermediate connective tissue of the lateral and anterior columns of the cervical and upper dorsal regions, with partial wasting of the medullary substance and axis cylinder.

3. Softening of the peripheral white nerve substance from the lumbar enlargement downward to the filum terminale, with nuclear proliferation in the pia mater surrounding these parts.

4. Amyloid degeneration of the nerve cells in the regions of the fifth and seventh nerves, of the olivary bodies and cervical cord, progressive degenerative processes, swelling of the cells and crumpling of their nuclei, the processes being apparently intact,—nuclear proliferation in the latter.

5. Differentiation of the ganglion cell protoplasm into two layers, one reacting strongly with carmine, red and striated, and the other a finely granular yellow mass, not taking up carmine; coagulation of the protoplasm into concentrically arranged masses: finally granular decomposition of certain ganglion cells of the posterior cornua, cloudy appearance of the latter with proliferation of epitheliaform cells between the coarser filaments of the neuroglia.

6. Increase of epithelial (lymphperithel) cells around the central canal, and also in the sub-epithelial stratum and in the ependymal tissue itself. Presence of similar cellular forms under the lining of the lateral ventricles, and division of cells in the corpus striatum.

These appearances indicate plainly an irritative process affecting the nerve centres, such as might well be produced by nervous irritation either peripheral or even central, but, as the author says, they afford no ground for the theory of an infectious or zymotic cause of the disease.